

## **Market Manager Renewal Form 2023**

For more information on the Farmers Market Program, visit https://www.boston.gov/departments/food-access/farmers-markets-boston.

MARKET INFORMATION				
		MARKETIN	ORMATION	
Name of Market:				
Organizing Entity: (if different)				
Address of				
Market:	-			
		MARKET MANAGE	ER INFORMATION	
Name:				
Address:				
Phone:				
Email:				
MARKET DAY (day of the wee		HOURS OF OPERATION	OPENING DAY	CLOSING DAY
		MARKET CO	MPONENTS	
		MARKET CO (note those that ap		
☐ Market accepts	; SNAP			
☐ Market accepts ☐ Market accepts				
_	s HIP			
☐ Market accepts	s HIP s WIC	(note those that ap		
<ul><li>Market accepts</li><li>Market accepts</li><li>Market accepts</li><li>Market has own</li></ul>	s HIP s WIC s SFMNP <sup>r</sup> n SNAP m	(note those that ap vouchers natching program	ply to your market)	
Market accepts Market accepts Market accepts Market has own Market will feat	s HIP s WIC s SFMNP <sup>r</sup> n SNAP m	(note those that ap	ply to your market)	a bicycle tire, herbal
Market accepts Market accepts Market accepts Market has own Market will feat tinctures)	s HIP s WIC s SFMNP r n SNAP m ture Educ	(note those that ap vouchers natching program cational Demonstrations (ex:	ply to your market) soap making, how to change	
Market accepts Market accepts Market accepts Market has own Market will feat tinctures)	s HIP s WIC s SFMNP r n SNAP m ture Educ	(note those that ap vouchers natching program	ply to your market) soap making, how to change	

#### SUBMISSION

**Submit this form and all** Office of Food Access

required attachments to: 1 City Hall Square, Room 804 | Boston, MA 02201



For more information on the Farmers Market Drogram visit

S PECIM	https://www.boston.gov/departments	/food-access/farmers-markets-boston.		
	Market will feature Food Trucks or Carts (operating)			
	Market will feature Food Demonstrations & Sampling (permission from Inspectional Services required)			
	1 0	1 1 /		
		DORS by type		
	(use additional parties fee-exempt vendors (selling only uncut fruits/veget	ages as necessary) ables, honey and maple syrup cultivated on own		
Ш	property):			
	Farm vendors selling local farm products (may include eggs, frozen chicken & meats, prepared foods)			
	Vendors selling fish and/or crustaceans			
	Non-farm vendors selling packaged or processed foods			
	e ,	farm and food products (i.e. lamb's wool, cutting boards)		
	Non-food services related to farm and food products			
	Non-food nor farm related community organizations			
	List of food trucks and/ or carts (must include copy Permit)	of City of Boston Food Truck Permit or ISD Health		
	Other type of vendor (please explain below)			
	Please list each	of your yondors		
	Please list each of your vendors			
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		
	*Vendor Name	*Produce/Category		

### **SUBMISSION**

Submit this form and all

Office of Food Access

1 City Hall Square, Room 804 | Boston, MA 02201 617-635-3717 | food@boston.gov required attachments to:



For more information on the Farmers Market Program, visit https://www.boston.gov/departments/food-access/farmers-markets-boston.

### **SUBMISSION**

Submit this form and all

Office of Food Access

1 City Hall Square, Room 804 | Boston, MA 02201 required attachments to:



For more information on the Farmers Market Program, visit https://www.boston.gov/departments/food-access/farmers-markets-boston.

#### MANAGER DEMOGRAPHIC INFORMATION

All information is optional. This information will in no way affect the status of your application, and will be collected for the sole purpose of understanding the demographic makeup of farmers' market managers within the City of Boston.

	Business Owner Information		
Gender	□ Male □ Female □ Other		
Race/Ethnicity	□ White □ Black or African American □ Hispanic or Latino □ Native American or American Indian □ Asian or Pacific Islander □ Other		
Age			
Do you consider yourself to be disabled?	□ Yes □ No Are you a veteran of the U.S. military? □ Yes □ No		
	Staff Person 1		
Gender	□ Male □ Female □ Other		
Race/Ethnicity	□ White □ Black or African American □ Hispanic or Latino □ Native American or American Indian □ Asian or Pacific Islander □ Other		
Age			
Do you consider yourself to be disabled?	□ Yes □ No Are you a veteran of the U.S. military? □ Yes □ No		
	Staff Person 2		
Gender	□ Male □ Female □ Other		
Race/Ethnicity	□ White □ Black or African American □ Hispanic or Latino □ Native American or American Indian □ Asian or Pacific Islander □ Other		

#### **SUBMISSION**

Submit this form and all

Office of Food Access

required attachments to: 1 City Hall Square, Room 804 | Boston, MA 02201



### Farmers Market

### **Market Manager Renewal Form 2023**

For more information on the Farmers Market Program, visit https://www.boston.gov/departments/food-access/farmers-markets-boston.

Age				
Do you consider yourself to be disabled?	□ Yes □ No	Are you a veteran of the U.S. military?	□ Yes	□ No

#### **Memorandum of Agreement**

This Memorandum of Agreement is made by the City of Boston (the "City"), acting through the Office of Food Access, and the undersigned farmers market manager (the "Manager").

#### Relationship with the City

The relationship between the City and the Manager shall be that of an independent Contractor. The Manager shall have no capacity to involve the City in any contract nor to incur any liability on the part of the City. The City shall not be liable for any personal injury to or death of the Manager, its agents or employees.

#### Duration

The term of this Agreement will begin on January 1, 2021, and conclude on December 31st, 2021. This Agreement is governed by the specific dates and times as stated on the vending schedule, attached hereto.

#### **Termination**

If the manager wants to terminate the Agreement, the manager must contact and petition the Office of Food Initiatives in writing FIFTEEN (15) days prior to the requested date of termination. In the event that the City of Boston terminates this Agreement before the end of such term, the City of Boston will not have any obligation to compensate the manager.

#### **Prohibited Period of Vending**

Farmers market vending is prohibited on the premises outside of the dates and times listed on page 1 of this application.

#### **Trash and Site Cleanliness**

Market managers are responsible for maintaining a clean site during and after each market.

#### Market Layout

Access/Egress- Market must have sufficient entry and exit points to prevent overcrowding that do not obstruct traffic. The width of aisles- Aisles should be a minimum of 4 feet wide, to accommodate wheelchairs.

The layout of all market stalls & vendors- All market vendors must be located within the confines of the parcel for which your permit was granted, and meet the above layout guidelines.

#### The assumption of Loss and Liability

The Manager shall pay and be exclusively responsible for any expense incurred during the performance of this contract. The Manager shall indemnify, hold harmless, and assume the defense of the City, its officers, agents or employees from all liabilities, suits, claims, losses, and costs or any other damages against them or any of them arising from any act or omission of the Manager, its agents, officers, employees, or subcontractors in any way connected with performance under this Contract.

#### Manager as Agent of Market Vendors

The Manager hereby asserts that all its vendors have procured all necessary licenses, permits or other authorizations required by the City, the Commonwealth of Massachusetts or any other governmental agency with proper jurisdiction to participate in the market. The Manager understands that it is the responsible party acting as an agent of its market vendors.

#### **Entire Agreement**

This document represents the entire agreement between the City and the Manager. All alterations or additions to the terms and conditions of this Contract must be in writing and signed by authorized representatives of both parties.

Print Market Manager Name

#### **SUBMISSION**

Submit this form and all

Office of Food Access

required attachments to: 1 City Hall Square, Room 804 | Boston, MA 02201



For more information on the Farmers Market Program, visit https://www.boston.gov/departments/food-access/farmers-markets-boston.

Market Manager Signa	nture	
Date		

SUBMISSION

**Submit this form and all** Office of Food Access

required attachments to: 1 City Hall Square, Room 804 | Boston, MA 02201